

Right to Breaks and Timescales for Support Plans for Unpaid Carers consultation Social Work Scotland response

April 2026

Introduction

Social Work Scotland is the professional body for social work leaders, working closely with our partners to shape policy and practice, and improve the quality and experience of social services. We welcome the opportunity to respond to the consultation on *Right to Breaks and Timescales for Support Plans for Unpaid Carers*.

A workshop was held mid-April 2026 where members were invited to discuss the proposed approaches within the consultation, and to provide feedback in order to inform this response.

Summary of response

Members recognise this consultation as an important step in operationalising the Care Reform (Scotland) Act 2025 and in strengthening the practical realisation of carers' rights set out in the Carers (Scotland) Act 2016. The consultation is broadly understood as an attempt to bring greater clarity, consistency and equity to how unpaid carers are supported to achieve meaningful breaks from caring, while also addressing longstanding variation in local practice and access to support.

Across Social Work Scotland, there is strong and consistent support for the principle of a clear, enforceable right to breaks for unpaid carers, rooted in outcomes, wellbeing and sustainability of the caring role. Members are clear that unpaid carers make an essential contribution to Scotland's health and social care system, and that supporting carers to rest, recover and maintain a life alongside caring is critical not only to their own wellbeing, but to the stability and resilience of care arrangements more broadly. The introduction of a statutory framework intended to improve consistency and transparency is therefore welcomed in principle.

At the same time, members have expressed significant concern about how the proposed changes will operate in practice, particularly in the context of ongoing workforce shortages, funding pressures and uneven availability of services across Scotland. Members emphasised that these concerns are not abstract or transitional, but structural. Discussion highlighted the mismatch between the legal duties proposed and the funding assumptions underpinning implementation. Members noted that the latest financial summary published in May 2025 indicates that funding for the right to breaks is phased over an extended period of ten years, with no additional funding identified to meet the anticipated increase in assessment and support planning demand following commencement of the new right. Members expressed serious concern that introducing enforceable statutory duties in advance of adequate funding creates significant legal, operational and reputational risk for local authorities, and risks setting the policy up to fail at the point of delivery. Throughout the consultation, Social Work Scotland members have sought to balance support for carers' rights with a clear and pragmatic understanding of operational realities, emphasising the importance of clarity, proportionality and deliverability.

A central theme across members' responses is the need for clarity and coherence. While the proposed definition of "sufficient breaks" reflects most but not all appropriate outcome areas, members are concerned that its current form lacks the precision and practical guidance necessary to support consistent professional decision-making. These concerns are heightened by the proposal to introduce an interim definition, which members consider risks compounding

confusion, re-introducing ineffective threshold-based thinking to address funding deficiencies and undermining trust in the new right at an early stage.

Members have consistently stressed that decisions about breaks must be firmly anchored in the Adult Carer Support Plan (ACSP) and Young Carer Statement (YCS) processes, and that professional judgement, exercised transparently and proportionately, remains essential. Social Work Scotland members are cautious about approaches that rely heavily on lists, fixed definitions or time-limited criteria, warning that such mechanisms, if not carefully framed, risk constraining practice, raising unrealistic expectations, or recreating inequities the legislation is seeking to address.

In relation to timescales for support planning, members broadly support the introduction of national benchmarks as a means of improving accountability and reducing postcode variation. However, there is strong consensus that proposed timescales must be realistic, aligned with wider assessment processes and sensitive to the distinct circumstances of adult and young carers. Members have emphasised the importance of flexibility to prioritise urgency based on need, rather than rigid adherence to uniform time limits.

Regarding implementation, Social Work Scotland members support a phased approach to transition, provided it is underpinned by clarity, fairness and transparency for carers, and explicitly linked to funding and system readiness rather than arbitrary timelines. We recognise that this may mean that the new right to a break cannot be fully realised until the infrastructure is in place and the funding has been provided in full – the Scottish Government needs to address that difficult problem openly with its partners, including carers' organisations. Across discussions, there has been a consistent call for implementation choices to be informed by monitoring, evaluation and capacity, rather than by interim mechanisms that risk becoming embedded without addressing structural constraints. We are concerned that the Scottish Government's Carers Census does not yet produce useable data of sufficient quality and cannot separate out carers centre and local government assessment or support activity. A funded improvement plan should be produced in consultation and published, firmly

based on engagement with all data providers and improvement to local data collection.

Overall, Social Work Scotland's collective position reflects a commitment to the intent of the legislation which seeks to strengthen carers' rights and access to meaningful breaks, while urging careful further consideration of how these rights are defined, communicated and delivered in practice. Members are keen to support a fully funded framework that is person-centred, proportionate and sustainable, and that enhances consistency without sacrificing professional judgement or local flexibility.

Questions and responses

The questions from the consultation are presented below, along with the responses from members of Social Work Scotland who attended the workshop.

Question 1: Is this definition clear enough to make decisions about a carer's eligibility for a break from caring?

If you answered "no", how could it be made clearer?

Response: No

Members of Social Work Scotland support the intention behind the proposed definition of "sufficient breaks", particularly its emphasis on carers' health and wellbeing, relationships, life balance and personal outcomes. These are widely recognised as important core areas affected by caring roles, and the focus on person-centred outcomes is consistent with the ethos of the Carers (Scotland) Act and current social work practice.

However, in practice, members do not consider the definition to be clear enough, on its own, to support consistent and defensible decision-making about a carer's eligibility for a break from caring.

A central concern is the use of the term "sufficient". While the legislation clearly intends sufficiency to be understood in a personalised way, members consistently highlighted that the term itself is highly subjective and open to wide interpretation. What constitutes a "sufficient" break will differ markedly between carers depending on the nature, intensity and unpredictability of their caring role, their own health and resilience, the level of informal support available to them, and the needs and preferences of the cared-for person. Without greater clarity, there is a risk that the same circumstances could reasonably be interpreted differently by different practitioners or local authorities, undermining the aim of greater national consistency.

There was also concern that the definition does not sufficiently explain how practitioners are expected to make judgements in real-world situations. Members

questioned the practicality of assessing whether breaks “avoid negative impacts” arising from caring. Many carers experience ongoing negative impacts even when they are well supported, and the expectation that breaks should prevent such impacts entirely may be unrealistic; “prevent or reduce” would be preferable, but the whole definition requires more thought. Without further guidance, practitioners may struggle to determine at what point impacts are judged significant enough to indicate that breaks are insufficient, or how to evidence this decision in a transparent and consistent way.

Members were particularly clear that decisions about whether breaks are sufficient must be explicitly and firmly anchored in the Adult Carer Support Plan (ACSP) or Young Carer Statement (YCS) process. The support planning conversation is where the complexities of caring roles, the cumulative impacts on carers, and their personal outcomes are properly explored. While this is implied within the broader legislative framework, members felt that the proposed definition does not make this link explicit enough. Without clearer wording, there is a risk of confusion about whether the definition creates a stand-alone entitlement to breaks, rather than a right that is realised through structured engagement and support planning.

Finally, members noted that the consultation question itself refers to “eligibility”, which sits uneasily alongside the legislative move away from formal eligibility criteria for carers. This language adds further ambiguity, as it is unclear whether decisions are intended to be binary, threshold-based judgements, or nuanced professional assessments grounded in dialogue and proportionality. This lack of clarity risks re-introducing eligibility concepts by implication, despite policy intentions to remove them.

Taken together, Social Work Scotland members consider that the definition would benefit from further clarification and supporting guidance. Members emphasised that the wording of the definition itself, given that it is intended to be set in statutory regulations, needs consideration. The current phrasing risks setting an absolute expectation, for example, that breaks should ‘avoid negative impacts’, yet this may not be achievable in many long-term caring situations, even with appropriate support. Members suggest that statutory wording should more clearly

reflect mitigation, sustainability and proportionality, rather than implying the prevention of all negative impacts, which could expose local authorities to challenge where outcomes are not fully achievable despite reasonable support being provided. It would be helpful to provide clearer explanation of how sufficiency should be assessed in practice, to avoid absolute terminology that suggests negative impacts can always be prevented, and to make explicit that decisions about breaks sit within, and are informed by, the ACSP or YCS process. Without this additional clarity, members are concerned that the definition, while well-intentioned, will be difficult to apply consistently and may create uncertainty for carers, practitioners and local authorities alike.

Question 2: Does this definition cover the appropriate aspects of the caring role to help make this decision?

If you answered “no”, what aspects of the caring role should the definition cover?

Response: No

Members of Social Work Scotland recognise that the proposed definition captures several important consequences of caring, particularly in relation to health and wellbeing, relationships and life balance. These areas reflect well-established evidence about the ways in which caring responsibilities can affect individuals and are broadly aligned with the outcomes framework used within Adult Carer Support Plans (ACSPs) and Young Carer Statements (YCSs). However, these are not the only relevant outcome domains. Employment/ training, education, and income, may also be relevant, since a carer may not be able to afford a holiday, for example, or be struggling with disability-related higher living costs, or need support to maintain part-time work, school or further education. The definition currently has two parts linked by “and”: that means both must be true, rather than either, which seems unnecessarily restrictive.

In short, our members do not consider that the definition, as currently framed, fully captures the breadth and complexity of the caring role in a way that would adequately support decision-making about whether breaks from caring are sufficient.

In discussion, there was a strong view that the definition focuses primarily on the *impacts* of caring, rather than on the *conditions and characteristics* of the caring role itself. While understanding impacts is essential, members felt that this approach risks overlooking critical contextual factors that shape a carer's experience and their need for breaks. These include, for example, the intensity, duration and unpredictability of the caring role, the level of responsibility being carried, and the extent to which the carer can step away, even briefly, without triggering additional risk, anxiety or disruption. Two carers may experience similar levels of "impact" in headline terms but face very different realities in terms of what is practically possible or sustainable.

Members also highlighted that the definition does not sufficiently reflect the cumulative and dynamic nature of caring. Caring responsibilities often fluctuate over time in response to changes in the cared-for person's condition, life stage transitions, crises or service gaps. Without acknowledging this variability, there is a risk that assessments of sufficiency become overly static, rather than responsive to changing circumstances and emerging pressures.

There was particular concern that the definition does not explicitly recognise the interaction between caring and other key aspects of a carer's life, such as employment, education, training and financial security. While these issues may sit implicitly within the concept of "life balance", members felt that their absence from the definition risks marginalising factors that are often central to carers' stress levels, wellbeing and long-term sustainability, particularly for working-age carers and young carers. This also creates uncertainty about how such issues should be factored into decisions about breaks.

Members were also clear that the definition does not sufficiently acknowledge that a "break" does not always mean a complete absence from caring. In practice, breaks may involve a reduction in intensity, a change in routine, or additional support that allows the carer to rest while remaining present. Similarly,

some of the most effective forms of support may be preventative or enabling in nature, such as practical assistance, equipment or environmental adaptations, which reduce strain and avert crisis rather than providing time away in the traditional sense. Members felt that the definition does not clearly accommodate these realities, despite their importance in supporting carers to sustain their role.

Finally, members emphasised that the caring role cannot be understood in isolation from the caring relationship. The needs, preferences and emotional responses of the cared-for person often determine what types of breaks are acceptable or feasible for the carer. Without acknowledging this relational and interdependent aspect of caring, the definition risks oversimplifying decision-making and failing to reflect the lived experience of many carers.

While the definition identifies important outcome areas, Social Work Scotland members concluded that it does not yet fully reflect the practical, relational and contextual dimensions of caring that are routinely considered in professional assessment and support planning. Strengthening the definition, and the accompanying guidance, to more explicitly recognise these aspects would better support consistent, proportionate and person-centred decisions about whether carers are able to take sufficient breaks from caring.

Question 3: Do you agree that it would be helpful to specify some of the types of support or activities which provide a break from caring?

If not, why not?

Response: Yes, with caveats

Social Work Scotland members broadly agree that it would be helpful to specify *some* types of support or activities that may constitute a break from caring, provided this is done carefully and with appropriate safeguards. Clearly, this would need to be in guidance and not in statutory regulations.

Members recognised value in providing illustrative examples of what a break might look like, particularly to support shared understanding among carers, practitioners and services. In practice, clearer examples can help frame meaningful conversations during Adult Carer Support Plans (ACSPs) and Young Carer Statements (YCSs), especially where carers may struggle to articulate what a “break” could involve or where practitioners lack confidence to explore options creatively. Used in this way, examples have the potential to widen rather than narrow thinking, validating non-traditional and preventative forms of support that carers may not otherwise identify as legitimate breaks.

However, there was strong consensus that any such specification must not become prescriptive or function as a “menu” or entitlement list. Members were concerned that detailed lists risk being interpreted as exhaustive, or as commitments that all local authorities must be able to deliver every option regardless of geography, infrastructure or commissionable services. This could inadvertently raise unrealistic expectations for carers and place practitioners in difficult positions when particular activities are not locally available, viable or appropriate.

Members emphasised that breaks from caring are highly personal and context-specific. What is beneficial and restorative for one carer may be ineffective, inappropriate or even stressful for another. Rural and island contexts, cultural expectations, caring relationships, caring intensity, and the age and needs of both carers and cared-for people all shape what a break can realistically look like. A rigid or overly detailed list risks undermining the flexibility and creativity that are essential to person-centred support planning.

There was also concern that specifying types of breaks without sufficient emphasis on their non-exhaustive nature could unintentionally constrain professional judgement and innovative practice. Members provided numerous real-world examples where relatively low-cost, practical or environmental interventions (such as equipment, minor adaptations or support with everyday tasks) had significantly reduced strain and enabled carers to sustain their role. These types of interventions may not always fit neatly into conventional

definitions of a “break”, yet they are often more effective than short periods of time away from caring responsibilities.

Importantly, members highlighted the risk that specified lists could blur the distinction between support that reduces caring intensity and support that simply substitutes for caring time. Both can be valid and necessary, but without careful framing there is a danger that breaks are understood only as time away, rather than as a broader concept encompassing flexibility, relief, and sustainability.

In addition, as part of funded infrastructure development of the range of breaks support available, the Scottish Government needs to consider with its partners whether there are some more specialised forms of support that need to be commissioned national or regionally.

Question 4: List One: (Carers are more likely to have difficulty accessing this type of break)

Are there any types of breaks you think are missing from this list?

Are there any types of breaks listed which you think should not be included?

Social Work Scotland members broadly welcomed the intention behind List One and recognised that many of the examples included reflect types of breaks that carers frequently report difficulty accessing. In particular, members agreed that the list usefully highlights areas of practice that are often overlooked or inconsistently available across Scotland, such as culturally appropriate breaks, peer support opportunities, and flexible forms of replacement care. As such, the list has value in signalling the breadth of what *may* constitute a break and in challenging narrower or more traditional interpretations.

That said, members identified a number of important gaps and considerations.

In discussion, there was agreement that the list could more clearly reflect practical, preventative and enabling forms of support that reduce the intensity of caring and provide relief, even where the carer remains physically present.

Examples raised included provision of equipment or technology that enables

carers to feel safe leaving the cared-for person for short periods, digital connectivity that reduces social isolation, and practical environmental adaptations within the home that reduce stress, conflict or physical demands. Members noted that such interventions can be highly effective in creating sustainable “breathing space” for carers yet are not always recognised as legitimate breaks within existing systems.

Members also felt that support that addresses cumulative exhaustion, rather than crisis events alone, could be made more explicit. While one-off family breaks during transition periods are welcomed, carers often experience prolonged pressure without a single defining transition point. Flexible, responsive supports that acknowledge gradual deterioration, long-term behavioural strain, or ongoing unpredictability were seen as equally important but less clearly captured within the list.

There was also discussion about whether the list sufficiently reflects the diverse circumstances of young carers and working-age carers, particularly in relation to education, training and early career stages. While some young carer-specific examples are included, members felt there would be value in stronger recognition of breaks that support participation in ordinary age-appropriate activities, reduce stigma, and promote inclusion alongside peers, rather than reinforcing difference or exceptionality.

In relation to whether any items should not be included, Social Work Scotland members did not identify specific examples that should be removed outright. However, there was strong consensus that the way the list is framed carries risk if not clearly qualified. Members cautioned against the list being interpreted as prescriptive or exhaustive, or as a set of options that all local authorities must be able to provide. Given the significant variation in geography, population needs, infrastructure and commissioned services across Scotland, members were concerned that such an interpretation could raise unrealistic expectations for carers and constrain professional judgement.

Members also highlighted that some items on the list could, if taken out of context, be misunderstood as universally appropriate. For example, group-based activities or peer support may be beneficial for some carers but inaccessible or

undesirable for others due to caring responsibilities, anxiety, transport barriers or cultural factors. Inclusion on the list should not imply suitability in all cases, and this needs to be clearly articulated in accompanying guidance.

Overall, Social Work Scotland members view List One as a helpful starting point for broadening understanding of the types of breaks carers may need and struggle to access. However, they emphasised the importance of framing the list as illustrative rather than definitive, and of expanding its scope to better capture preventative, practical and enabling forms of support. Without this, there is a risk that the list inadvertently narrows thinking or reinforces expectations that cannot be met consistently across different local contexts.

Question 5: List Two: (Carers are less likely to have difficulty accessing this type of break)

Are there any types of breaks you think are missing from this list?

Are there any types of breaks listed which you think should not be included?

Social Work Scotland members recognise the intention behind List Two and accept that, in many areas, the types of breaks included in this list are more established within local systems and therefore may be easier to access where appropriate services and facilities exist. Examples such as building-based day care, overnight short breaks and longer-term holiday breaks are familiar forms of support and, in principle, are already understood within local commissioning and delivery arrangements.

However, members cautioned against the implication that these types of breaks are consistently accessible across Scotland. While described as “less likely” to present difficulty, many such breaks remain heavily dependent on local capacity, workforce availability and suitable provision. Availability varies significantly between urban, rural and island communities, and even within individual local authority areas. As a result, members felt it would be helpful for the consultation

to acknowledge that these supports are only “less difficult” to access where appropriate infrastructure exists, rather than assuming a generally higher level of accessibility.

In terms of what may be missing, members noted that List Two could more clearly reflect short-duration, routine or flexible forms of replacement care that allow carers to take regular, predictable breaks rather than occasional or crisis-driven ones. While larger or overnight breaks are important, many carers rely on smaller, more frequent opportunities to rest, maintain social contact or manage everyday responsibilities. Making this more explicit could help avoid an unintended emphasis on infrequent, higher-cost interventions as the primary means of achieving rest and recovery.

Members also highlighted that List Two, like List One, could better reflect support that allows breaks to take place without physical separation, particularly where cared-for people experience anxiety, distress or behavioural challenges when away from familiar environments. In-home or flexible supports that allow carers to disengage temporarily while remaining nearby can, in many cases, be more appropriate and sustainable than residential or overnight options.

In relation to whether any types of breaks included should not be listed, Social Work Scotland members did not identify specific supports that should be removed. However, similar to List One, there was strong concern about how the list might be interpreted. Members were clear that inclusion on List Two should not be taken to imply that these breaks are universally available, suitable or appropriate, nor that they represent a baseline or default offer. There is a risk that carers may perceive these options as entitlements that should be routinely accessible, when their availability depends on local commissioning decisions and resource constraints.

Additionally, members noted that some of the supports in List Two - particularly longer-term holiday breaks or overnight provision - can be resource-intensive and may not reflect what many carers actually want or need. Without careful framing, the list risks privileging more visible or traditional forms of respite over lower-level, preventative support that may be more effective in sustaining caring roles over time.

Overall, members view List Two as broadly appropriate but emphasise the need for clear messaging that the list is illustrative rather than prescriptive, and contingent on local capacity. As with List One, the list should support informed and creative conversations rather than setting expectations about availability or suitability. Members also stress the importance of ensuring that these examples sit within a wider understanding of breaks as flexible, personalised and responsive to individual circumstances, rather than as a fixed hierarchy of support options.

Question 6: Do you have any concerns that providing a detailed list would have any unintended consequences?

Response: Yes

Social Work Scotland members have a number of concerns about the potential unintended consequences of providing a detailed list of supports or activities that may constitute a break from caring, particularly if such a list is not carefully framed within and supported by clear guidance.

A key concern is that detailed lists may be interpreted, by carers or by wider stakeholders, as prescriptive or exhaustive, rather than illustrative. Even where caveats are included, there is a risk that lists become perceived as a “menu” of entitlements or a benchmark against which local provision is judged. This could unintentionally undermine the personalised, outcomes-focused approach that sits at the heart of the Carers (Scotland) Act and current support planning practice. Members expressed concern that carers may reasonably question why a particular option listed nationally is not available to them locally, particularly in areas where geography, workforce or commissioning capacity limits what can be delivered.

Related to this is the risk of raising expectations that cannot be met consistently across Scotland. Members were clear that the availability of many forms of

breaks varies significantly between urban, rural and island communities, and between local authority areas with different service models and resources. A national list that appears to assume universal availability may contribute to frustration or dissatisfaction among carers, particularly if they experience delays or refusals despite the existence of a stated “right”. This could weaken trust in both local services and the wider policy intent.

Members also expressed concern that detailed lists may constrain professional judgement and creativity. In practice, some of the most effective forms of support are highly individual and may not fit neatly into predefined categories. There is a risk that practitioners feel implicitly encouraged to work within the bounds of a list, rather than exploring bespoke or preventive solutions that better address the underlying causes of strain. Over time, this could narrow practice rather than support innovation.

Another unintended consequence identified was the potential for lists to privilege certain types of breaks over others, particularly more visible, traditional or resource-intensive forms of respite, such as overnight stays or holiday breaks. Members were keen to avoid a situation where lower-level, enabling or preventative support (often more sustainable and cost-effective) is deprioritised because it appears less prominent or less clearly defined within national examples. This could inadvertently shift practice towards crisis-driven interventions rather than early, proportionate support.

There was also concern that lists could be interpreted in a binary way, reinforcing a narrow understanding of what constitutes a “real” break. For many carers, particularly those caring for people who experience distress, anxiety or behavioural challenges, breaks may involve reduction in intensity, changes in routine or shared activities rather than time away. If lists are not clearly framed, there is a risk that such support is seen as secondary or less legitimate.

Finally, members highlighted the potential impact on resource prioritisation and system pressures. In a context of constrained funding and workforce challenges, detailed lists could inadvertently generate disputes about access, eligibility or comparative fairness between carers, drawing time and effort away from

meaningful support planning. This risk is heightened where lists are introduced without parallel clarity on funding, capacity and commissioning responsibilities.

Question 7: Would it be valuable to specify a list of circumstances (as above) that should not be viewed as a break from caring?

Response: Yes, with care

Social Work Scotland members generally agree that there is value in clarifying certain circumstances that should not, in themselves, be viewed as a break from caring. Members recognised that such clarification can help promote consistency, manage expectations and avoid misinterpretation of everyday activities or obligations as constituting a break from a caring role. Clearly it would need to be in guidance and not in statutory regulations.

Specifying that activities such as paid employment, attending medical appointments or the cared-for person (or carer) attending education should not automatically be counted as breaks was seen as helpful in principle. Members acknowledged that without this clarification, there is a risk that routine or necessary activities could be inappropriately taken into account when considering whether a carer has access to sufficient breaks, potentially obscuring unmet needs and undermining the purpose of the new right.

However, members were clear that any such list must be framed carefully and applied with sensitivity to individual circumstances. There was concern that an overly rigid or simplistic application of exclusions could fail to reflect the lived reality of caring. For example, when a cared-for person is admitted to hospital, the caring role does not necessarily pause; carers may experience heightened stress, travel demands and emotional strain rather than meaningful relief.

Treating such situations as a “break” could lead to inappropriate assumptions about respite and support needs.

Similarly, while employment or education should not automatically be defined as a break from caring, members cautioned against an approach that fails to recognise the extent to which caring responsibilities may significantly limit a carer's ability to sustain work or learning. Over-simplified exclusions risk ignoring the additional pressures that carers face when balancing caring with other responsibilities, particularly where flexible or replacement support is limited.

Members also echoed earlier concerns that lists of exclusions, like lists of eligible breaks, could inadvertently reintroduce binary thinking into a system intended to move away from formal eligibility criteria. Without careful guidance, there is a risk that excluded circumstances are interpreted too narrowly, discouraging practitioners from exercising professional judgement or from recognising when a carer's overall situation still points to insufficient breaks, regardless of technical exclusions.

Members therefore emphasise that any list of circumstances that should not be viewed as a break must be clearly positioned as guidance rather than rule, supporting (not replacing) professional assessment through the Adult Carer Support Plan or Young Carer Statement. It should reinforce the principle that decisions are based on the impact of the caring role and the carer's personal outcomes, rather than on isolated activities or situations viewed in abstraction.

In summary, members see value in identifying circumstances that, on their own, should not be treated as breaks from caring, particularly as a tool for consistency and expectation-setting. However, they stress that such lists must allow for nuance, context and professional judgement, and should not operate in a way that unintentionally minimises carers' experiences or restricts access to appropriate support.

Question 8: List of circumstances (as above) that should not be viewed as a break from caring:

Are there any circumstances you think are missing from this list?

Are there any circumstances listed which you think should not be included?

Social Work Scotland members broadly agree that the circumstances currently identified as not constituting a break from caring are appropriate but consider the list to be incomplete and in need of further clarification to reflect carers lived experience more accurately. It also needs to be emphasised that any circumstances not considered to be a break may still require “replacement care” to make them possible. This means that replacement care is not only provided to support some carers who need it in order to be able to take a break in caring.

Members highlighted the absence of hospital admission of the cared-for person from the list of excluded circumstances. While it may be assumed that admission temporarily removes caring responsibilities, members were clear that this is frequently not the case in practice. Many carers experience increased stress, emotional strain and practical demands during hospital stays, including frequent visits, advocacy responsibilities and anxiety about discharge planning and continuity of care. Treating hospital admission as a break risks significantly under-estimating carers’ support needs and could lead to inappropriate assumptions about respite having been achieved.

Members also felt it would be important to clarify that short periods when the cared-for person is engaged in routine activities or appointments such as short clinical appointments, therapies or support services, should not automatically be interpreted as meaningful breaks. While such moments may offer brief respite, they are often fragmented, unpredictable and insufficient to support rest, recovery or personal wellbeing, particularly where carers remain on call or unable to disengage mentally.

There was further discussion about whether administrative, advocacy or coordination tasks undertaken by carers such as managing appointments, benefits, finances or care arrangements, should be explicitly recognised as not constituting a break. Members emphasised that these responsibilities are an integral part of the caring role and can be mentally and emotionally demanding, even if they occur when the cared-for person is not physically present.

In terms of the circumstances already listed, members were generally supportive of their inclusion but stressed that they must be applied with nuance and professional judgement. For example, while paid employment should not be counted as a break from caring, members cautioned against interpretations that overlook the cumulative strain of combining work with intensive caring responsibilities. Similarly, while attending medical appointments is appropriately excluded, such appointments may take place on top of already exhausted routines rather than offering any sense of respite.

Members also noted potential ambiguity around education. While the cared-for person attending education is rightly excluded, and this needs to be extended in the list to young carers and adult carers, clarification may be needed to ensure this does not lead to inappropriate assumptions about carers' availability or wellbeing during school hours, particularly where caring responsibilities persist outside formal education times.

Overall, members emphasise that any list of circumstances that should not be viewed as breaks must be clearly framed as contextual guidance rather than definitive rules. Exclusions should support consistent understanding but not override professional assessment of the carer's overall situation and experience. Isolated circumstances should not be treated as proxies for sufficiency of breaks, nor should their inclusion result in carers being deemed to have had "respite" where this does not reflect reality.

Question 9: Do you agree that the law should specify accelerated timescales only for carers of terminally ill people?

Response: Yes, with supporting caveats

Social Work Scotland members agree that the law should continue to specify accelerated timescales for carers of terminally ill people and recognise this group as requiring the highest level of urgency and prioritisation. There was strong

consensus that the existing approach reflects both the intensity of need and the limited timeframe within which support can make a meaningful difference.

Members emphasised that carers in these circumstances often face acute emotional distress, rapid changes in caring demands, and significant pressure to make complex decisions in a short period of time. Maintaining accelerated timescales in legislation for this group is therefore appropriate and necessary.

Members also acknowledged that having a single, clearly defined category for statutory accelerated timescales provides clarity and manageability for systems already under significant pressure. Specifying additional priority groups in legislation was seen as potentially diluting the focus on carers of terminally ill people and introducing complexity that may be difficult to administer consistently across Scotland.

However, members also stressed that agreement with this approach is dependent on robust guidance and professional discretion being retained for all other carers. While carers of terminally ill people should remain the only group with legally prescribed accelerated timescales, members were clear that this must not result in other carers with urgent or escalating needs being delayed unnecessarily. In practice, carers may experience crisis situations arising from sudden deterioration, hospital admission, safeguarding concerns, or breakdown of informal support networks. In such cases, practitioners must retain the flexibility to respond quickly, even in the absence of statutory accelerated timescales.

Members therefore welcomed the proposal that prioritisation decisions for other carers should continue to be informed by professional judgement and individual circumstances rather than rigid legislative categories. This was viewed as more consistent with person-centred practice and better able to respond to the wide range of caring situations that may require timely intervention but do not fall within a narrowly defined legal grouping.

There was also recognition that accelerated timescales, while important, are only effective if accompanied by sufficient system capacity and clear operational guidance. Members highlighted the risk that legislating for urgency without addressing workforce pressures and resourcing constraints could create

unrealistic expectations and further strain services. As such, the continued prioritisation of carers of terminally ill people must sit alongside realistic, deliverable expectations for wider system performance.

Question 10: In setting a timescale (i.e. time limit) for preparing an ACSP for other adult carers, would you support:

8 weeks

10 weeks

another timescale (please state)

Response: Support for another timescale, with further work required to identify what is realistic

Social Work Scotland members support the principle of introducing a statutory timescale for the preparation of Adult Carer Support Plans (ACSPs) for adult carers, recognising that the absence of clear timescales has contributed to inconsistency of experience across Scotland. Members agreed that having a defined timeframe would help strengthen accountability, support improvement activity and reduce variation in local practice.

However, there was no consensus that either the proposed 8-week or 10-week timescale would be realistic or achievable in the current system context. Many members expressed concern that both options risk setting expectations that local authorities and commissioned carer organisations would struggle to meet consistently, given existing workforce pressures, increasing demand, and the complexity of carers' circumstances. Members also noted that the Scottish Government's funding assumptions do not currently include provision for an increase in Adult Carer Support Plan or Young Carer Statement activity, despite the likelihood of increased requests once the new right to breaks is commenced.

In discussion, members highlighted that ACSPs are not transactional processes but rely on meaningful conversations, relationship-building and coordination with other parts of the system. In many areas, preparation of an ACSP is closely linked to assessment and support planning for the cared-for person, particularly where services, replacement care or self-directed support are being considered. Imposing tight statutory timescales that are misaligned with these wider processes risks fragmenting support planning rather than improving carers' experiences.

Some members noted that locally applied standards for similar assessment activity are often closer to 12 weeks, and even these are not always being achieved in practice. As such, there was a view that introducing a statutory timescale shorter than this, without additional capacity or resourcing, could inadvertently increase pressure on services, encourage more superficial planning, or result in greater reliance on "light-touch" approaches that may not meet many carers' needs.

At the same time, members were clear that leaving timescales entirely open-ended is not acceptable. Without a national benchmark, it is difficult to demonstrate improvement, evidence unmet demand or challenge structural barriers. Several members therefore supported the idea of a longer indicative statutory timescale such as 12 weeks, accompanied by strong guidance that emphasises early engagement, prioritisation based on need, and flexibility to respond more quickly where circumstances require.

Importantly, there was strong agreement that any statutory timescale should be framed as a maximum, not a target or default expectation, and that local systems should be encouraged to complete ACSPs more quickly wherever possible. There was also a view that further engagement with local authorities and commissioned partners would be beneficial to ensure that any nationally set timescale is grounded in operational reality and does not unintentionally undermine person-centred practice.

Question 11: Should the timescales (i.e. time limit) for preparing a YCS for other young carers be the same timescales as for ACSPs?

Response: No

Social Work Scotland members do not consider that the timescales for preparing Young Carer Statements should automatically mirror those set for Adult Carer Support Plans. While consistency across systems is important, members were clear that young carers' circumstances, vulnerabilities and routes into support differ significantly from those of adult carers and require a distinct approach.

In discussion, members emphasised that young carers are often less visible and less likely to self-identify, with many relying on education, health or community settings for recognition and support. Delays in responding to young carers can therefore have a disproportionate impact, particularly where caring responsibilities affect attendance, attainment, emotional wellbeing or peer relationships. For this reason, members felt that applying the same timescales as adult carers risks failing to reflect the heightened safeguarding, developmental and preventative considerations that are central to children's and young people's services.

At the same time, members cautioned against setting rigid statutory timescales for young carers without careful consideration of how YCSs are developed in practice. Preparation of a Young Carer Statement often involves collaboration with schools, children's services, health professionals and third-sector partners, and must be undertaken in a way that is sensitive to stigma, consent, confidentiality and family dynamics. An inflexible timeframe could undermine the quality of engagement with young carers or discourage them from seeking support altogether.

There was consensus that young carers may require earlier and, in some cases, faster engagement than adults, but that this does not necessarily mean identical statutory timescales. Members supported the principle that YCS processes should be guided by the child's needs and circumstances, with the ability to respond quickly where caring responsibilities are having an immediate or escalating impact, while allowing flexibility to proceed at a pace that feels safe and supportive for the young person.

Members also highlighted the importance of alignment with wider children and families' frameworks. Timescales for YCSs should take account of school calendars, key transition points and the availability of trusted adults and services during holiday periods. Simply replicating adult timescales risks overlooking these practical and developmental considerations.

Question 12: Would you support:

8 weeks

10 weeks

another timescale (please state)

Response: Support for another timescale, informed by children's needs and system realities

Social Work Scotland members do not support the proposed 8-week or 10-week timescales for preparing a Young Carer Statement (YCS) at this stage. While members strongly support the principle of timely assessment and engagement with young carers, there was consensus that neither of the options presented adequately reflects the distinct nature of young carers' circumstances or the way YCSs are developed in practice.

Members emphasised that work with young carers must prioritise safety, trust, consent and relationship-building. In many cases, young carers are identified through schools, health services or third-sector organisations and may be reluctant to engage immediately with formal processes. Progression toward a YCS often requires careful, paced engagement, and an overly tight statutory timescale risks undermining the quality of that engagement or discouraging young people from participating at all.

At the same time, members were clear that young carers should not be subject to unnecessary delay. Where caring responsibilities are having an immediate or

escalating impact on a child or young person's wellbeing, education or development, early engagement and swift support are essential. However, members felt that this need would be better addressed through strong guidance on prioritisation and early intervention, rather than by imposing a rigid universal statutory timescale.

Members also stressed that any timescale for YCSs should explicitly take account of school terms, holiday periods and the availability of key adults, recognising that these factors can materially affect both identification and meaningful engagement with young carers.

Crucially, members highlighted the need for flexibility. A single timescale will not be appropriate for all young carers, and practitioners must retain discretion to respond faster where risks, distress or disruption to education are evident. Equally, there must be space to proceed more gradually where this is in the best interests of the young person.

Question 13: Do you agree with a phased approach for moving carers from the current system into the new system?

Response: Yes, in principle, subject to clarity and appropriate safeguards

Social Work Scotland members broadly agree that a phased approach to moving carers already with ASCPs or YCSs from the current system into the new arrangements is sensible and necessary, given the scale of reassessment involved and possible changes to support plans, alongside the capacity pressures currently facing local authorities, Health and Social Care Partnerships and commissioned carer support organisations.

Members recognised that a sudden transfer of all known carers into the new system could create significant operational risks, including bottlenecks in assessment and support planning, increased waiting times, and difficulties prioritising those with the greatest need. A phased approach was therefore seen

as a pragmatic way to manage demand, allow systems and practice to adjust, and reduce the likelihood of unintended harm to carers through delays or inconsistent implementation.

However, members were clear that support for a phased approach is conditional on greater clarity about what is meant by “moving into the new system”. There was concern that the consultation language implies a fundamental system change, when in practice many carers already have appropriate Adult Carer Support Plans or Young Carer Statements in place. From a practice perspective, the key change is the introduction of a new legal right to breaks, rather than the creation of an entirely new support framework. Without clearer articulation of what transition involves, there is a risk of confusion for carers, practitioners and partner organisations alike.

Members also highlighted the importance of fairness and transparency during any transition period. A phased approach must not result in carers with similar needs receiving different levels of support solely because of when their plan happens to be reviewed. There was strong concern that carers should not be disadvantaged by the timing of implementation, particularly where existing plans already identify unmet need for breaks. Clear guidance on prioritisation, communication with carers, and interim arrangements will be essential to maintaining trust and credibility.

There was also recognition that a phased approach cannot be considered in isolation from funding, workforce capacity and commissioning arrangements. Introducing a new legal right without sufficient resourcing risks placing local authorities in the position of holding unmet statutory duties. Members stressed that phasing should be explicitly linked to system readiness, including workforce availability, provider capacity and the availability of replacement care and flexible support options. Clearly the abolition of eligibility criteria for breaks-related support in sections 6 and 7 of the Care Reform (Scotland) Act 2025 poses serious problems for phased implementation and prioritisation.

Members further emphasised that phasing should not delay access for carers in greatest need. Even within a phased approach, there must be clear mechanisms to identify and prioritise carers experiencing crisis, escalation of caring

responsibilities, or significant risk to wellbeing. Phasing should support managed implementation, not operate as a barrier to timely support.

Question 14: Under such a phased approach, how long should be allowed for all carers to have their needs reviewed:

2 years

3 years

Another period – please specify

Response: Support for 3 years

Social Work Scotland members consider that, under a phased approach, a period of up to three years should be allowed for all carers to have their needs reviewed and brought into line with the new arrangements.

Members recognised that reviewing all existing Adult Carer Support Plans and Young Carer Statements, while simultaneously responding to new carers coming forward, represents a substantial additional demand on an already pressurised system. This includes not only the volume of reviews required, but the need for meaningful engagement with carers, updated assessment of outcomes and needs, and consideration of what constitutes sufficient breaks under the new legislative framework. Attempting to achieve this within a shorter two-year period was widely viewed as unrealistic and likely to create bottlenecks, increased waiting times, and reduced quality of engagement.

A three-year timeframe was seen as offering a more proportionate balance between pace and deliverability. It allows local authorities and commissioned partners to plan review activity in a structured way, align it with existing review cycles where appropriate, and manage workforce and commissioning capacity more sustainably. Members stressed that a rushed transition risks undermining

the purpose of the new right, particularly if reviews become overly procedural rather than genuinely outcome-focused.

Importantly, members were clear that a three-year transition period should not be interpreted as delaying access to support for carers in greatest need. A phased approach must be underpinned by clear prioritisation, with carers experiencing high levels of strain, crisis, escalation of caring responsibilities or identified unmet need for breaks reviewed earlier within the transition period. The longer overall timeframe should provide flexibility to manage workload sensibly, not justification for deferral where needs are already evident.

Members also emphasised that the appropriateness of a three-year period is closely linked to wider system readiness, including workforce capacity, availability of replacement care and the clarity of accompanying guidance. In turn, these are all related to the phasing of adequate additional funding, for which the sums proposed and the phasing both urgently require objective re-examination. Without these elements in place, even a longer transition window may prove challenging. Conversely, where systems are well prepared, reviews may reasonably be completed more quickly.

Question 15: Do you agree with using an interim definition of “sufficient breaks” as proposed above, to prioritise carers in the greatest need while the new right is bedding in?

Please explain the reasons for your answer.

Response: No

Social Work Scotland members do not agree with the proposal to use an interim definition of “sufficient breaks” to prioritise carers in the greatest need while the new right is bedding in.

Members’ opposition to this proposal is closely linked to their concerns about the clarity and workability of the main definition of “sufficient breaks”. As discussed in earlier responses, members do not consider the core definition to be sufficiently

clear or operationally robust. Introducing a second, more restrictive interim definition based on similar language but with added emphasis on “significant negative impacts” and “priority personal outcomes” was felt to compound, rather than resolve, this lack of clarity.

A consistent concern expressed by members was that the concept of “greatest need” is not adequately defined or anchored within the legislative framework, particularly in a context where formal eligibility criteria for carers have been removed. Without clear, shared parameters, there is a risk that the interim definition would be applied inconsistently across local authorities and practitioners, potentially recreating variations in access that the legislation is intended to address. Members highlighted the inherent difficulty of determining “priority” impacts or outcomes without re-introducing implicit thresholds or quasi-eligibility tests through the back door.

Members were also concerned that adopting an interim definition risks creating confusion for carers and practitioners alike. The existence of two definitions (one interim and one longer-term) may be difficult to communicate clearly and transparently to carers, particularly where expectations about rights and access to support are already high. Members felt this could undermine confidence in the new right, especially if carers are told that the full definition does not yet apply, or that their needs are not “significant enough” during the bedding-in period.

There was further concern that an interim definition could inadvertently embed a two-tier system of access, where some carers are deemed eligible for support during the initial period while others are required to wait, regardless of the cumulative or preventative value of earlier intervention. Members emphasised that many carers experience gradual erosion of wellbeing rather than acute crisis, and that delaying support until impacts are deemed “significant” may be counterproductive, increasing the likelihood of breakdown or escalation of need later.

The consultation paper does not address the contradiction entailed by the abolition of eligibility criteria for breaks-related support once in sections 6 and 7 of the Care Reform (Scotland) Act 2025 are enacted, and its impact on phased

implementation and therefore prioritisation. Indeed, the 2025 Financial Summary for the Act continues to assume a slow build-up of funding over 10 years.

Members expressed concern that proposals to avoid eligibility criteria altogether do not sufficiently acknowledge the financial and legal realities facing local authorities. In the absence of sufficient funding, any framework that seeks to prioritise some carers over others will, in effect, operate as a form of eligibility determination, regardless of the terminology used. Members cautioned that relying solely on professional judgement frameworks, without an explicit and legally defensible basis for limiting provision, risks exposing councils to legal challenge once the right to breaks is commenced. While deeply regrettable, some members considered it more transparent and legally robust to retain an explicit ability to apply eligibility criteria on an interim basis, until such time as funding is demonstrably sufficient to support universal access. That would mean delaying the enactment of in sections 6 and 7 of the Care Reform (Scotland) Act 2025. Members do not believe that an interim definition would meaningfully address the underlying implementation challenges the proposal appears designed to manage, namely system capacity and resourcing constraints. There was a strong view that redefining sufficiency for an interim period shifts attention away from the real drivers of risk, including workforce capacity, funding, and availability of replacement care, and places additional interpretative burden on practitioners, who would be required to navigate complex and potentially contested decisions.

While members recognise the pressures facing the system and the desire to prioritise carers with the most urgent needs during implementation, they do not believe that an interim definition of “sufficient breaks” is the appropriate mechanism for achieving this. Members considered that prioritisation would be better supported through clarifying the contradiction between phasing and the abolition of eligibility criteria, clear guidance, transparent communication with carers, and professional judgement exercised within the existing support planning framework, rather than through the introduction of a parallel definition that risks adding confusion and inconsistency.

Question 16: What would be the main benefits and risks of using an interim definition of “sufficient breaks” as proposed?

Social Work Scotland members recognise the intention behind the proposal to use an interim definition of “sufficient breaks”, particularly as a means of managing system capacity and prioritising carers who are perceived to be in greatest need during the early stages of implementation. In practice we do not believe that an interim definition could offer even a short-term mechanism to moderate demand, provide clarity about initial expectations, and allow time for systems, services and funding arrangements to adapt to the new right.

A primary concern is that introducing an interim definition adds an additional layer of complexity to an already challenging area of policy and practice. Members consistently highlighted that the core definition of “sufficient breaks” is not yet clear or operationally robust. Introducing a second, more restrictive definition risks creating confusion for carers, practitioners and partner organisations. This may undermine understanding of rights, complicate communication, and erode confidence in the new framework from the outset.

Closely linked to this is the risk of inconsistent application. The interim definition relies on concepts such as “significant negative impacts” and “priority personal outcomes” without clearly defining how these should be assessed in a system that has formally moved away from eligibility criteria. Members were concerned that this could result in localised thresholds emerging in practice, leading to variation in access across Scotland and recreating the very postcode lottery the legislation is intended to address.

Members also identified a significant risk that an interim definition could embed a two-tier system of support. Carers whose needs are deemed not to meet the interim threshold may be required to wait for access to support, even where early or preventative intervention would be beneficial. There was strong concern that delaying support until impacts are “significant” runs counter to preventative,

strengths-based practice and may ultimately increase demand on the system by allowing needs to escalate.

Another major risk identified was the potential impact on carers' trust and expectations. Introducing a new statutory right, while simultaneously signalling that it does not yet fully apply, may be difficult to explain and may feel disingenuous to carers. Members felt this could create frustration, dissatisfaction and challenge, particularly where carers already perceive gaps between legislative rights and lived experience.

Members were also concerned that the interim definition risks shifting attention away from the underlying implementation challenges, such as workforce capacity, funding levels and service availability. Redefining "sufficiency" for an interim period may give the appearance of managing demand but does not address the structural constraints that will continue to affect delivery once the interim period ends.

Finally, there was concern about the longer-term implications. Members questioned how and when systems would transition from an interim to a full definition, particularly if funding and capacity remain constrained. There is a risk that an interim definition becomes normalised in practice, rather than genuinely temporary, resulting in prolonged limitation of carers' rights.

As mentioned in our reply to Question 15, once eligibility criteria for breaks, and related support such as replacement care, are abolished by the enactment of sections 6 and 7 of the Care Reform (Scotland) Act 2025, local authorities will have no legal basis for prioritisation, but yet will not have the funding needed to increase assessment and support, as that funding is being phased over 10 years. The interim re-wording of "sufficient breaks" is not an adequate solution to this fundamental problem.

Question 17: Do you think the timescale for moving from an interim definition of "sufficient breaks" to a broader definition covering more carers should be:

set at the outset to provide certainty, e.g. 3 years, or

be guided by monitoring and evaluation of take-up, to ensure systems are geared up to support a greater number of carers?

Social Work Scotland members do not support the use of a fixed, pre-determined timescale for moving from an interim definition of “sufficient breaks” to a broader definition, because we do not agree that the interim definition will solve the prioritisation problem. In any event, members consider that any transition should be guided by monitoring, evaluation and readiness of the system, rather than by an arbitrary period set at the outset, unless that is imposed by the phasing of the funding.

This position reflects members’ wider concerns about the introduction of an interim definition in principle. As set out in responses to Questions 15 and 16, members do not believe an interim definition provides a sound or transparent basis for prioritisation. However, if an interim approach is pursued, members were clear that setting a fixed timeline (such as three years) risks creating false certainty without adequately addressing underlying questions of capacity, funding and delivery.

Members noted that a time-limited interim definition could inadvertently become entrenched in practice, particularly if the criteria for moving to the broader definition are unclear or if system pressures persist. Simply allowing a specified period to elapse does not guarantee that services will be better equipped to meet demand, nor that carers’ experiences will have improved. There was concern that carers may be told their rights are time-delayed rather than genuinely realised, which risks damaging trust in the legislation from the outset.

Instead, members favoured an approach that links any transition explicitly to demonstrable system readiness, informed by meaningful monitoring and evaluation. This would include consideration of workload impact, workforce capacity, availability of replacement care and flexible supports, and evidence about how decisions on “sufficient breaks” are being applied in practice. Crucially, members stressed that monitoring should not focus solely on take-up volume, but also on equity, consistency of decision-making and carers’ experiences of clarity and fairness. However, there are practical problems with the monitoring which we mention below.

Members emphasised that any transition mechanism must be transparent to carers. If change is guided by monitoring and evaluation, it must be clear what is being monitored, how progress will be assessed, and what conditions would trigger movement to a broader definition. Without this transparency, carers may experience continued uncertainty about when and how the full right will apply to them.

Members also emphasised that monitoring and evaluation cannot be a substitute for adequate funding or system redesign. Several members questioned how meaningful monitoring could be achieved without substantial reform of existing data collection mechanisms, including the Scottish Government Carers Census, which is not currently equipped to capture the level of detail required to evidence sufficiency of breaks, unmet need or legal compliance. Members expressed concern that commitments to 'monitor implementation' risk overstating current readiness and may offer false reassurance unless accompanied by investment in both delivery and data infrastructure.

Conclusion

Social Work Scotland reiterates its strong support for the ambition underpinning the proposed right to breaks for unpaid carers and recognises the consultation as a significant opportunity to improve consistency, transparency and outcomes for carers across Scotland. However, it does not address a fundamental contradiction between the enactment of the legislation establishing carers' rights to a break, and the abolition of associated eligibility criteria, and the gradual phasing of the funding over ten years, together with the fact that the funding does not provide for increased assessment volumes, among other issues that Social Work Scotland has identified with the Financial Summary. Members are committed to working constructively with Scottish Government and partners to ensure that the new right is implemented in a way that is meaningful, fair and sustainable, but seek solutions to the problems identified in this consultation response.

Across our response, we have sought to highlight the importance of clarity in definitions, proportionality in decision-making, and realism in implementation. Social Work Scotland members emphasise that carers' rights are best realised through transparent, professionally informed support planning, rather than through rigid

thresholds, interim definitions or overly prescriptive lists that risk limiting flexibility and increasing inconsistency.

We believe that successful implementation will depend on clear guidance, adequate system capacity and funding, and adequate legal support for any necessary prioritisation and trust in professional judgement exercised within the Adult Carer Support Plan and Young Carer Statement frameworks. Above all, it will require implementation choices that balance urgency and ambition with deliverability and equity.

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